

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
PIEDMONT REGIONAL OFFICE**

COMPLIANCE INSPECTION REPORT

FACILITY NAME: _____	FACILITY NUMBER: <b>VA00</b>
NOV/LON Number: _____	INSPECTOR: _____
INSPECTION DATE: _____	REPORT COMPLETED: _____
REPORT REVIEWED BY: _____	SCHEDULED W/PERMITTEE: _____
PRESENT AT INSPECTION _____	

<u>NOV/LON VIOLATIONS</u>	<u>CAUSE OF NON-COMPLIANCE</u>	<u>CORRECTIVE ACTION TAKEN</u>
DMR		

**INSPECTION OVERVIEW**

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**EFFLUENT FIELD TESTING**

DO	mg/L	pH	s.u.	TEMP.	EC	Flow	
Contact Tank Chlorine Residual				Effluent Chlorine Residual			
Calibration Information		DO		pH	7&10 Buffers	TIME/INITIAL	

**INSPECTION VIOLATIONS**

<input type="checkbox"/>	Illegal Discharge	<input type="checkbox"/>	Residual Chlorine Violation
<input type="checkbox"/>	D.O. Violation	<input type="checkbox"/>	pH Violation
<input type="checkbox"/>	Sludge Disposal Violation	<input type="checkbox"/>	Other: (specify below)
Description of Violation(s):			

**OUTFALL/RECEIVING WATER CONDITION**

Sample Taken?		YES		NO		Photographs Taken?		YES		NO

**COMPLIANCE RECOMMENDATIONS**

<b>COMMENTS:</b>
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**COPIES:**

<input checked="" type="checkbox"/>	DEQ, Piedmont Regional Office- Compliance		DEQ, Office of Water Permits Support - W.E. Purcell
<input checked="" type="checkbox"/>	Va. Dept. of Health-	VDH-CEEO	<input checked="" type="checkbox"/> Facility Owner -

